

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 455

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Thomas Atkins, MD

Mailing Address 5N105 Burr Rd

City State Zip Code
 Saint Charles IL 60175-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395020

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. James P Crutcher, Jr, MD

Mailing Address 1229 Madison St Ste 1600

City State Zip Code
 Seattle WA 98104-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proliance Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395021

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Chris John Dangles, MD

Mailing Address 602 W University

City State Zip Code
 Urbana IL 61801-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carle Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25395022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)